SUNNY RIDGE 3014 ERIE AVENUE

SHEBOYGAN 53081 Phone: (920) 459-3028 Ownership: County
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/02): 341 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/02): 341 Title 19 (Medicaid) Certified? Yes

272 Average Daily Census: Number of Residents on 12/31/02: ************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % No | Primary Diagnosis % | Age Groups % | Less Than 1 Year Home Health Care No | -----| 1 - 4 Years Supp. Home Care-Personal Care 37.9 Supp. Home Care-Household Services No | Developmental Disabilities 0.7 | Under 65 9.6 | More Than 4 Years No | Mental Illness (Org./Psy) 28.7 | 65 - 74 13.6 | Day Services Yes| Mental Illness (Other) 13.2 | 75 - 84 Respite Care 27.6 | Adult Day Care 40.4 | ****************** 8.8 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 5.1 I 2.6 100.0 | (12/31/02) No | Fractures Home Delivered Meals 13.6 | 65 & Over 90.4 |------No | Cardiovascular Other Meals 14.0 | ------ | RNs No | Cerebrovascular Transportation 2.9 | Sex % | LPNs Referral Service No | Diabetes No | Respiratory 3.7 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 15.4 | Male 34.9 | Aides, & Orderlies 43.9 Mentally Ill ---- | Female 65.1 I -----100.0 | Provide Day Programming for Developmentally Disabled No |

	Medicare (Title 18)			Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care							
Level of Care	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	0.9	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	0.7
Skilled Care	11	100.0	276	170	76.9	111	0	0.0	0	33	82.5	145	0	0.0	0	0	0.0	0	214	78.7
Intermediate				45	20.4	90	0	0.0	0	7	17.5	145	0	0.0	0	0	0.0	0	52	19.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	0.5	168	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.4
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	3	1.4	350	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.1
Total	11	100.0		221	100.0		0	0.0		40	100.0		0	0.0		0	0.0		272	100.0

SUNNY RIDGE

********	*****	*******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****		
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period									
					% Needing		Total		
Percent Admissions from:	I	Activities of	8	As	sistance of	% Totally	Number of		
Private Home/No Home Health	10.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	10.6	Bathing	1.1		54.4	44.5	272		
Other Nursing Homes	6.4	Dressing	18.4		42.3	39.3	272		
Acute Care Hospitals	63.3	Transferring	34.9		25.7	39.3	272		
Psych. HospMR/DD Facilities	6.9	Toilet Use	26.5		32.4	41.2	272		
Rehabilitation Hospitals	0.5				17.6	16.9	272		
Other Locations	2.3	*****	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****		
Total Number of Admissions	218	Continence		용	Special Treat	ments	용		
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.3	Receiving R	espiratory Care	1.8		
Private Home/No Home Health	5.7	Occ/Freq. Incontiner	nt of Bladder	65.4	Receiving T	racheostomy Care	1.8		
Private Home/With Home Health	15.2	Occ/Freq. Incontiner	nt of Bowel	42.3	Receiving S	uctioning	2.2		
Other Nursing Homes	7.8				Receiving O	stomy Care	1.1		
Acute Care Hospitals	4.3	Mobility			Receiving T	ube Feeding	2.9		
Psych. HospMR/DD Facilities	2.2	Physically Restraine	ed	3.7	Receiving M	echanically Altered Diets	24.3		
Rehabilitation Hospitals	0.0								
Other Locations	5.2	Skin Care			Other Residen	t Characteristics			
Deaths	59.6	With Pressure Sores		3.3	Have Advanc	e Directives	85.3		
Total Number of Discharges		With Rashes		8.5	Medications				
(Including Deaths)	230				Receiving P	sychoactive Drugs	30.5		
-					-	-			

		Ownership:			Size:	Licensure:				
	This	Gove	ernment	2	00+	Skilled		All		
	Facility	ty Peer Group		Peer Group		Peer Group		Facilities		
	96	%	Ratio	ଖ	Ratio	ଖ	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	82.4	83.8	0.98	81.7	1.01	85.3	0.97	85.1	0.97	
Current Residents from In-County	89.3	84.4	1.06	81.4	1.10	81.5	1.10	76.6	1.17	
Admissions from In-County, Still Residing	33.9	35.0	0.97	22.1	1.54	20.4	1.66	20.3	1.67	
Admissions/Average Daily Census	77.6	74.2	1.05	97.4	0.80	146.1	0.53	133.4	0.58	
Discharges/Average Daily Census	81.9	75.8	1.08	105.8	0.77	147.5	0.56	135.3	0.60	
Discharges To Private Residence/Average Daily Census	17.1	24.2	0.71	41.5	0.41	63.3	0.27	56.6	0.30	
Residents Receiving Skilled Care	79.4	86.6	0.92	88.0	0.90	92.4	0.86	86.3	0.92	
Residents Aged 65 and Older	90.4	83.9	1.08	86.1	1.05	92.0	0.98	87.7	1.03	
Title 19 (Medicaid) Funded Residents	81.3	76.6	1.06	72.7	1.12	63.6	1.28	67.5	1.20	
Private Pay Funded Residents	14.7	17.1	0.86	16.9	0.87	24.0	0.61	21.0	0.70	
Developmentally Disabled Residents	0.7	3.2	0.23	2.5	0.30	1.2	0.62	7.1	0.10	
Mentally Ill Residents	41.9	56.1	0.75	39.4	1.06	36.2	1.16	33.3	1.26	
General Medical Service Residents	15.4	14.6	1.06	26.5	0.58	22.5	0.69	20.5	0.75	
Impaired ADL (Mean)	53.5	49.6	1.08	52.3	1.02	49.3	1.09	49.3	1.09	
Psychological Problems	30.5	61.4	0.50	59.5	0.51	54.7	0.56	54.0	0.57	
Nursing Care Required (Mean)	5.7	6.4	0.90	7.0	0.82	6.7	0.85	7.2	0.80	